

FILED AUG 23 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28913

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 2803	
1. PLACE OF DEATH a. COUNTY StLouis 400th				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY StLouis			
b. CITY (If outside corporate limits, write RURAL and give township) Clayton				c. CITY (If outside corporate limits, write RURAL and give township) Clayton 4452			
d. FULL NAME OF HOSPITAL OR INSTITUTION StLouis County Hospital				d. STREET ADDRESS 765 Westwood Dr 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Katherine		b. (Middle) Dougherty		c. (Last) Dougherty	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Aug 23 1910	
9. AGE (In years last birthday) 40		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (State or foreign country) StBenedict Penn		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Alex Hudson		13b. MOTHER'S MAIDEN NAME Annie Eddings		14. NAME OF HUSBAND OR WIFE John			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME John Dougherty Clayton MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cause unknown ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7955				INTERVAL BETWEEN ONSET AND DEATH unk	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Herbert P. Somde (Print or title) Local Registrar, Vital Statistics				23b. ADDRESS 651 S. Brentwood, Clayton Mo.		23c. DATE SIGNED 7-30-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-31-1951		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Royalton Illinois	
DATE REC'D BY LOCAL REG. 7-30-51		REGISTRAR'S SIGNATURE Herbert P. Somde		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. 1201 N. Main St. St. Louis 10, Mo.			

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

John Ketter

Licensed Embalmer No. 3880

P. O. Address St Louis 10 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.